PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 JUN **2 3** 2006 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIO'S: This form should be completed where appropriate. All further correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 05/17/2006 7590 28230 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. H JAY SPIEGEL P.O. BOX 444 MÖUNT VERNON, VA 22121 Theresa R. Godfrey 06/26/2006 HVUONG2 00000073 10705852 (Depositor's name (Signature 300.00 OP 01 FC:1504 02 FC:2501 700.00 DP June 19 2006 (Date) FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. ASC-21 4893 10/705,852 11/13/2003 Don Odell TITLE OF INVENTION: SENSOR FOR DETERMINING THE ANGULAR POSITION OF A RADIATING POINT SOURCE IN TWO DIMENSIONS APPLN. TYPE **SMALL ENTITY ISSUE FEE** PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE \$1000 08/17/2006 YES \$700 \$300 nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS RATCLIFFE, LUKE D 356-141500 3662 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 H. Jay Spiegel (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence or agents OR, alternatively, Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ascension Technology Corporation

Publication Fee (No small entity discount permitted)

USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee

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June 19, 2006

30,722 Registration No. _

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